



Buckinghamshire
Clinical Commissioning Group

Complaints, Compliments and Concerns Policy and Procedure v6.1 FINAL

DOCUMENT CONTROL SUMMARY

Owner/s	Associate Director Quality and Safeguarding
Date of Approval	20 th September 2012 (original approval)

Title	Complaints, Compliments and Concerns Policy
Lead Director	Associate Director Quality, and Safeguarding, BCCG
Purpose of document	To state NHS Buckinghamshire CCG Policy in relation to complaints
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Circulated through	SCW CSU Complaints Team CCG Engagement Steering Group
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VERSION CONTROL SUMMARY

Version	Date	Status	Comment/Reason for Changes
1.0	20/09/2012	Agreed	Revisions NL – 25 th July 2012 Further Revisions – 30 th August 2012
1.1	13/04/2015	For review	Reviewed 31 st March 2015 – Barbara Perchard, Complaints Manager, Reviewed 13 th April 2015 – Nicola Lester, Development Director. Updated to reflect new guidance and changes in organisations
1.2	29/05/2015	For review	Reviewed 22 nd May 2015 – Tania Aitcheson, AVCCG Reviewed 27 th May 2015 – Mick Salami, Quality Improvement Lead. Updated to reflect changes
1.3	17/06/2015	Ratified	Ratified at Commissioning for Quality meeting held on 17/06/2015
1.4	08/03/2016	Ratified	Re-checked and updated contact details in Appendix B. (Russell Carpenter, Chiltern CCG Head of Governance)
2.0-4.0	16/05/2016	For Review	Reviewed and updated in conjunction with CCG federation (with benchmarking) and to reflect guidance changes
5.0	11/01/2017	For Review	Further amendments discussed by the Corporate Governance Lead and
6.0	08/02/2017	For approval	Updated following discussion at Quality and Performance Committee 25/01/2017.
6.1	08/05/2019	For approval	Updated following legislative changes, reviewed at Quality and Performance Committee.
6.1	24/12/2019	For approval	Review date extension until March 2020 (from Jan 2019) agreed with Head of Governance. Interim arrangement in lieu of Complaints processing through CSU.

POLICY GOVERNANCE SUMMARY

Are there any Information Governance issues arising from the policy? <i>If yes please specify</i>		Yes	No
Are there any risks to the CCG arising from this policy that the Board/Committee should be made aware of? <i>If yes please specify</i>		Yes	No
Failure to comply would be a breach of the National Health Service Complaints (England) Regulations 2009			
Who needs to know about this policy?			
People who need to know in detail	Governing Body and Director of Nursing & Quality		
People who need a broad understanding	SCW CSU and Locality Team		
People who need to know it exists	All employees and Member Practices, patients and the public		
What consultation has taken place in the development of this policy?			
Public and patients	Engagement Steering Group		
Staff	None		
Which key stakeholders were involved in the original development / review of this policy?	Complaints Team at SCW CSU		
What evidence has been used in developing this policy?			
Amalgamation of existing policies	Yes		
National Guidance	Yes		
Literature search – please specify below	No		
Other (please state)			
Has an Equality Impact Assessment been completed?		Yes	No

Complaints, Compliments and Concerns Policy.

Section A – General

1. Introduction

This policy sets out the process for handling complaints, generated by patients, carers and the general public, by the Clinical Commissioning Group (CCG). All staff are responsible for co-operating with the development and implementation of the Complaints Policy as part of their normal duties and responsibilities.

All directors and substantive staff will adhere to the requirements of this policy and any associated procedures (Section B of this policy) and guidelines as may be appended during the lifetime of this policy. All information will be treated as confidential and will be kept in accordance with the Data Protection Act 1998.

Temporary and agency staff, contractors and subcontractors will be expected to comply with the requirements of this Policy as part of their normal duties and responsibilities. It also has implications for providers of services to the CCG, all of which have a responsibility to have a complaints policy in place in line with national requirements. The responsibility of signposting temporary staff to the policies lies with the recruiting manager.

2. Scope of Policy

The Clinical Commissioning Group (CCG) is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will make every effort to demonstrate fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

The CCG is responsible for commissioning health services on behalf of the population of the Buckinghamshire area from local acute hospitals, mental health providers, community providers, the independent sector and independent contractors. This policy sets out how the CCG, supported by South, Central and West Commissioning Support Unit who provide NHS Complaints Services on behalf of the CCG, will manage its arrangements in the context of complaints and concerns.

3. Definitions

The words “patient” and “client” are used interchangeably to describe all those people for whom we commission and provide services, including children.

Complaint: An expression of dissatisfaction regarding commissioner decisions, policies or the actions of CCG staff that requires a formal response.

- Compliment:** An expression of praise, congratulation or encouragement (that may or may not require a response).
- Concern/Comment:** An expression of interest in something that is important to, or affects the service user/member of the public and may or may not require a response. Signposting requests, where someone requires information held by another organisation, are classified within this definition.
- Advocate:** A person who speaks for or intercedes on behalf of another. In the case of complaints, the complainant may choose anyone they wish to be their advocate; hence this may be (but is not limited to) a relative, friend, someone from an advocacy organisation, such as SeAp (Support Empower Advocate Promote) or an MP.

This policy and its related procedures (Section B of this policy) apply to any complaint, whether it is received from a user of the service or their representative, or a member of the community who comes into contact with the service by other means.

This policy is developed in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 which came into effect from the 1 April 2009, the Francis Report of 2013 and the Clywd Hart Review “A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture” in 2013.

The 2009 complaint regulations are designed to improve the way in which service users’ complaints are handled and to bring real benefits for health and care organisations and for the staff working in them. This policy sets out the framework and the process that the CCG will follow when dealing with a complaint. The policy will also provide additional details for service users who may wish to seek further advice from the Parliamentary and Health Service Ombudsman (PHSO).

Since April 2009 there is a single approach for dealing with complaints about the NHS and Adult Social Care Services, this is structured around three main principles: listening, responding and improving. The organisation will take an active approach to asking for people’s views, will deal with complaints effectively and will use the information received to learn and improve. The CCG will also ensure that actions taken as a result of complaints are communicated to the public.

4. Purpose

The CCG is committed to providing an accessible, equitable and effective means for people (and/or their representative) to express their views about the services it is responsible for commissioning. If a person is unhappy about any matter of the CCG functions they are entitled to make a complaint, have it considered, and receive a response (acknowledgement within 3 working days). It aims to provide a complaints process which has easy access for all people, including those with disability and/or language issues; is supportive and open; and which results in a speedy, fair and, where possible, local resolution. The purpose of local resolution is to provide an opportunity for the complainant and the CCG to attempt a prompt and fair resolution of the complaint and to provide the opportunity to put things right for complainants as well as improve services.

Complainants will be treated with courtesy and offered appropriate support throughout the handling of the complaint; any mistakes will be acknowledged. An apology and explanation will be provided as appropriate and the lessons learnt from the investigation will be used to improve services. The process has also been designed to be inclusive of equality and diversity among the CCG's population.

This aims to ensure that it is not discriminatory and equally accessible in respect of the nine protected characteristics as defined by the Equality Act 2010, described in the NHS Equality and Delivery System (EDS2) and documented in the CCG's Equality and Diversity Strategy.

5. Aims

The complaints policy aims to:

- Be well publicised and easy to access;
- Be simple to understand and use;
- Be fair and impartial, and be seen to be so;
- Allow complaints to be dealt with promptly and as close to the point where issues arise as possible;
- Provide answers or explanations quickly and within established time limits;
- Ensure that rights to confidentiality and privacy are respected;
- Ensure all complaints are dealt with in an honest, open, confident and sensitive way;
- Guarantee that no complaint will form any part of a medical record and complainants will not be discriminated against, in any way as a result of making a complaint;
- Provide a thorough and effective mechanism for resolving complaints and also investigating matters of concern;
- Enable lessons learnt to be used to improve the quality of services, to have action plans in place and communicate changes made;

- Be regularly reviewed and amended if found to be lacking in any respect;
- Be consistent with national guidance;
- Will work collaboratively with partners/stakeholders to join up the complaints process on a case by case basis where appropriate, and with consent of the complainants.

6. What is a Complaint?

A complaint usually relates to either a concern or dissatisfaction about a service the CCG commissions. Commissioned services are those that are paid for by the CCG but provided by other organisations such as hospitals, independent sector treatment centres and community care providers.

Concerns may be expressed about:

- Something which is against the choice or wishes of a patient
- The way treatment, service or care has been provided to a patient
- Discrimination against a patient
- How a service has been managed
- Lack of a particular service
- The attitude or other behaviour of staff

7. Who Can Complain?

Patients themselves or a representative, e.g. family member, friend, MP or other agency who has been given consent to act on behalf of the patient, can raise complaints or concerns. If consent is in doubt, the patient will be asked to sign a consent form. In cases where the CCG seeks consent from the patient, the response time will be agreed with the complainant, and will also take into account the date of receipt of consent as the complaint cannot be processed until the correct consent is in place.

Complaints can be made by the next of kin about a deceased patient's care, a child, or any patient who is unable, by reason of physical or mental incapacity (or any other incapacity), to make the complaint themselves. In the case of a patient who has died or who is incapable, their representative must be a relative or other person who, in the opinion of the Complaints Manager, had or has 'sufficient interest' in their welfare and is a suitable person to act as their representative. Proof of next of kinship will be sought, such as Lasting Power of Attorney for Health and Wellbeing.

In the case of a child, a suitable representative would normally be a parent, guardian or other adult person who has care of the child, or one who is authorised by the Local Authority / voluntary organisation in the case of children in care.

Assistance will be given to complainants in accessing the complaints policy and associated procedure. This includes providing an appropriate and acceptable response to complainants who are unable to read English or have sight or hearing difficulties. Complaints Managers will support complainants in seeking the support of a local advocate where required/suitable.

From time to time complaints may be received from Members of Parliament (MPs) on behalf of their constituents. If a Member of Parliament makes a complaint on behalf of a constituent, it will be considered whether the MP has obtained explicit consent prior to contacting the CCG or The Patient Advice and Complaints Team (PACT) at the Commissioning Support Unit (South, Central and West) to align with requirements of the Data Protection Act 1998 processing of Sensitive Personal Data – Elective Representatives Order 2002). Explicit consent does not have to be sought unless the complaint is made by a constituent on behalf of a third party. If explicit consent is not provided the commissioning support services provider team will request this as a matter of good practice.

In either case appropriate evidence of the explicit consent should accompany the draft response (where it is also to be copied to the complainant) in order for the CCG Accountable Officer to be assured that the above process has been followed. Responses to such complaints are habitually sent to MPs with copies being sent to the patient or constituent whenever appropriate.

Sometimes MPs may also submit more general enquiries, which are handled by the Corporate Office outside of the provisions of this policy. Any complaints from MPs are treated in the same manner as any other complaint and are not subject to additional special requirements.

The same criteria and process would apply when a letter is received from a solicitor (which, as indicated elsewhere within this policy, does not necessarily mean that a complainant has already decided to take legal action)

Any facilitation in response to complaints through an independent advocacy service will be confidential. However, where information is raised within that process regarding a child protection or patient safety issue, the conciliator may have to breach confidentiality and seek further advice from the Complaints Manager. At this point the principles arising from the Caldicott 2013 review (into information governance in health and social care) should be borne in mind, especially access to confidential information needing to be on a strict need-to-know basis. If in any doubt, the Caldicott Guardian should be consulted.

As a large majority of formal complaints that the CCG receives relates to continuing healthcare, clarification as to which of those complaints are covered under this policy is as follows (including, but not limited to):

- The length of time taken to process a request for NHS Continuing Healthcare;
- the type and location of any offer of an NHS Continuing Healthcare package or the content of any alternative care packages that have been offered;
- the treatment or services a patient may be receiving or has received; or
- if a CCG refuses to consider a request for an assessment following a negative checklist or a review of a previous decision; and
- The calculation of any redress payment.

Where required, this may also include engaging legal advice from solicitors through means required through the CCG's related framework, but only subsequent to a clear understanding of the facts of the case in line with the criteria associated with the above. For clarity of consistency, the above list has been taken directly from NHS England guidance on NHS Continuing Healthcare (Independent Review Panels) – May 2014.

There may be circumstances where issues with the above are not identified and managed as formal complaints when subject to legal challenge; however there is discretion in making use of this policy in order to facilitate investigation of the facts associated with the legal challenge.

8. Time Limits for Complaints

There is a time limit of 12 months after the date of the incident that caused the complaint, or 12 months from the date on which the matter came to the attention of the complainant. However, the time limit should not be presented as an obstacle to the investigation of the complaint. The time limit can, and should be, waived if it is still practical and possible to investigate the complaint (i.e. the records still exist and the individuals concerned are still available to be questioned) and the complainant can demonstrate reasonable cause for delay in making the complaint. It will be the decision of the Complaints Manager if the time limit can be set aside.

When a complaint is made outside these limits and the time limits are not waived, the Complaints Manager will also advise the complainant of their rights to request that the Parliamentary and Health Service Ombudsman consider their case.

9. Serious Complaints

If an allegation or suspicion of any of the areas below is received regarding CCG functions, it should immediately be reported to the Accountable Officer and investigated as a formal complaint or referred to the appropriate agency (e.g. Police, if a possible criminal offence has been committed, or Regulatory bodies):

- Physical abuse
- Sexual abuse
- Financial misconduct

- Criminal offence
- Safeguarding

If it relates specifically to the CCG it should be reported to either the Director of Corporate Affairs or Chief Financial Officer as appropriate. It should also be reported as a Serious Incident (SI) where it meets SI criteria as per NHS England Framework, or if it relates to a provider, the provider should be informed and told to report it as an SI. In the case of financial misconduct the CCG Financial Policies must be followed.

Separate CCG policies on incidents and serious incidents (in relation to CCG staff and providers) will likely take precedence or supersede the complaints policy (in terms of investigation) in the following circumstances:

1. Any CCG staff related incident on its premises
2. An incident arising which is immediately reported as a SI where it meets criteria
3. A complaint is received during the course of investigating a SI
4. Where a complaint investigation reveals the need to take action under the commissioning support services provider incidents and SI standard operating procedure

In these circumstances the complainant will be notified of the separate SI and will be kept updated on the progress by the Complaints Manager. It should be remembered that the issues raised in a complaint will not always be exactly the same as those investigated under the SI policy and a separate and full response to the complaint will be required.

10. Complaints That Cannot Be Dealt With Under This Policy

The following complaints will not be dealt under the NHS Complaints Regulations 2009:

- A complaint made by a local authority, NHS body, *Primary care provider* or independent provider;
- Complaints relating to private care provided to the patient outside of the NHS contract;
- Where the individual nature of a complaint prompts a case for referral to a professional body for example the General Medical Council or an investigation of a criminal offence, based on a straight allegation of malpractice. However, this exclusion may not apply where a case for referral emerges as part of a wider complaint relating to an episode of patient care;
- A complaint made by an employee of a local authority or NHS body about any matter relating to employment. (Staff members should use whistle blowing policies or other processes to raise concerns about services)
- If disciplinary proceedings are proposed in relation to the person who is the subject of the complaint. Where disciplinary action is being taken against a

member of staff, and progression of the complaint may prejudice the disciplinary process, in such cases the complaint will be closed and the complainant informed that the matter is now being investigated under Human Resources processes rather than complaints process;

- A complaint which is made orally and is resolved to the complainant's satisfaction within 24 hours. (Under the remit of a PALS enquiry);
- A complaint which has previously been made and resolved to the same complainant and where local resolution has been exhausted;
- A complaint which is, or has been, investigated by a Health Service Commissioner under the 1993 Act;
- A complaint arising out of the alleged failure by the CCG to comply with a request for information under the Freedom of Information Act 2000 and Subject Access Requests (for complaints about Freedom of Information Requests see the relevant policy);
- Appeals relating to Continuing Health Care (CHC) / Individual Funding Request (IFR) or Funded Nursing Care (FNC). This is referred to as 'independent review' and is not managed through the processes set out here. The CHC/IFR team deals with appeals in their area. Further details can be found in the relevant policy;
- Contractual issues between services and commissioners, which could include legal challenge (further details within the CCGs Procurement Policy);
- A complaint known to relate to and being processed by another organisation. At the request of the complainant the CCG may be asked to view the investigation outcomes should there be any learning outcomes which can inform commissioning.

The NHS Litigation Authority had previously advised that the investigation of a complaint through the complaints procedure could cease immediately if the complainant explicitly indicated an intention to take legal action in respect of the complaint. However an NHS England clarification of position statement in March 2014 highlighted that this was no longer routinely permitted and so could only be enacted in exceptional circumstances, e.g. formal requests by the police, a coroner or a judge. This has therefore been removed from the above list of exceptions.

11. Roles and Responsibilities

The Accountable Officer of the CCG has ultimate responsibility for ensuring compliance with the arrangements made under the Local Authority Social Services and National Health Service Complaints (England) Regulations and for ensuring that action is taken if necessary, depending on the outcome of a complaint.

The lead manager for overseeing the complaints service provision and co-ordinating internal processes at the CCG is the Associate Director of Quality and

Safeguarding (and appointed deputy). The Associate Director of Quality and Safeguarding will be responsible for reviewing all draft responses prior to review and approval by the CCG Accountable Officer/Deputy Accountable Officer. Under the complaints regulations, the CCG can commission a third party service provider to manage the complaints handling process on its behalf. The CCG has a commissioning support services provider to provide such for its residents and service users.

The lead manager (Complaints Manager) at the commissioning support services provider is responsible on behalf of the CCG, for considering and handling complaints in accordance with the arrangements made under the regulations.

The Patient Advice and Complaints Team (PACT) at the commissioning support services provider is the main point of entry for both patients and service users who require advice, assistance or information. The aim of this team is to provide a speedy resolution to a problem. The PACT will make an initial assessment of the complaint or concern and a decision will be taken by the Complaints Manager as to the best route for resolution.

Under this arrangement patient details will be passed by the CCG to the commissioning support services provider in order for them to manage complaints on behalf of the CCG. This may involve the commissioning support services provider in accessing case records and disclosing relevant information to the CCG in order to discharge its duties under the NHS Complaints Regulations.

The purpose for which personally identifiable information will be used is strictly for the processing of complaints. This may include passing relevant information to a service provider (with consent) in order that they can provide appropriate responses and comments on the circumstances set out in complaints. In transferring complaints between agencies (including the PHSO) confidentiality will be maintained at all times.

Patient information may be anonymised for the purposes of monitoring the complaints process or improving service quality. If identifiable data is needed for other purposes then consent will be sought unless there is another legal basis on which this information is required to be used. Where patients have any concerns about how information is to be used then contact can be made with the CCG Caldicott Guardian. Every effort will be made to obtain the patient/service user (or their representative's) consent before sharing patient confidential information with another body or organisation. Consent will be obtained in writing or where this is not possible the Complaints Manager will seek further advice from the Caldicott Guardian.

12. Equality Impact Assessment

This is a legal requirement under the Race Relations (amendment) Act 2000, the Disability Discrimination Act 2005 and the Equality Act 2010 and can be found at Appendix D.

13. Complaints against Providers of Health Care Services

The organisation has contracts in place with a range of providers. Under the NHS Complaint Regulations 2009 a patient can choose to approach either the provider or CCG to make a complaint, but not both. Each contracted provider has its own complaints procedure based on the NHS procedure for complaints.

If a complaint received by the CCG concerns a provider of contracted services, the commissioning support services provider Complaints Manager will decide who the most appropriate body is to handle the complaint. In most cases it is anticipated that providers will handle any complaints which concern their services. However, in some cases this may not be appropriate and the Complaint Manager will contact both the patient and the relevant organisation to explain what action will be taken and who will be managing the complaint.

14. Complaints Shared With the Local Authority

Where a complaint includes issues that relate to the local authority (Buckinghamshire County Council), the Complaints Managers of both the CCG and the Local Authority will liaise and work together to ensure a full investigation takes place and that a single response which answers all concerns is provided to the complainant.

The commissioning support services provider Complaints Manager will obtain consent from the complainant to share the details of the complaint with the Local Authority. If the complainant does not consent then the Complaints Manager will advise on which parts of the complaint the CCG can respond to and which parts will need to be dealt with separately by the Local Authority.

15. Multiple organisations

When a complaint involves issues regarding two or more organisations, the CCG will agree with those organisations who will lead the investigation and provide a single co-ordinated response. A complaint relating only to a provider organisation will be appropriately re-directed (see also section 13). Where it is agreed that the CCG will handle the complaint rather than the provider or where it has been agreed that the CCG will co-ordinate the response, consent will be required from the complainant to obtain access to relevant medical records (held by and reviewed as part of the investigation only by the provider) and/or to seek a response from the provider organisation(s).

16. Primary Care Complaints (Doctor (GP), Dentist, Pharmacist or Optician)

The CCG has a statutory duty to improve Primary Care Services and is working with NHS England to ensure that the necessary complaints intelligence is shared. Complaints, comments or compliments about a doctor (GP), dentist, pharmacy or optician should be directed to the practice in the first instance for investigation in line with their local complaints management process. However, if the complainant feels too uncomfortable to complain to the practice manager directly then they can make a complaint to the commissioner of the services instead. At present time of policy review and approval, and going forward, this is NHS England.

Section B – Investigations procedure to accompany above policy

17. Procedure Before Investigation

1. Compliments

We welcome compliments relating to the services we commission; they assist us in identifying which services are doing well. Compliments are an extremely important source of feedback for staff providing strong positive reinforcement that they are getting things right and an important source of encouragement.

Compliments received by the CCG should be acknowledged (where this is possible), and forwarded to the commissioning support provider to be logged on the database.

2. Comments and Concerns

All comments and concerns must be copied to the PACT to be recorded on the database and either resolved immediately or informally by the end of the third working day.

3. Complaints

A complaint may be made orally, electronically or in writing. If the complaint is made orally and is not resolved by the end of the next working day then a written copy of the complaint must be made and a copy provided to the complainant.

Complaints must be acknowledged within three working days after the day on which it is received. The acknowledgement may be made orally or in writing. If made orally then it is best practise to follow this up in writing. The acknowledgement must contain an offer to discuss with the complainant the manner in which the complaint is to be handled and the likely timescales for the investigation and response.

If the offer of a discussion is not accepted, the Complaints Manager must

determine the response period and notify the complainant in writing confirming the issues that are going to be investigated, the manner in which the complaint is to be handled and the likely timescales for the investigation and response.

4. Information Governance disclaimer

All email complaints are immediately answered with a response indicating that the security of email servers cannot be guaranteed and so the complainant should correspond by post. Otherwise the **commissioning support services provider** /CCG cannot be held responsible for data security.

18. Investigation

The Complaints Manager will arrange for the complaint to be investigated in the most appropriate manner to resolve it speedily and efficiently. The purpose of investigation is not only “resolution” but also to establish the facts, to learn, to detect poor practice and to improve services. The investigation into a complaint must:

- Be undertaken by an investigating officer (who may be a CCG employee) and the Complaints Manager should ensure an appropriate level of investigation;
- Be conducted in a manner that is supportive to all those involved, without bias and in an impartial and objective manner;
- Not be adversarial and must uphold the principles of fairness and consistency. Risk assessment process should be applied to all complaints to allow serious complaints, such as those involving unsafe practice, to be identified;
- Methods used for investigation should follow the National Patient Safety Association (NPSA) principles of root cause analysis, accessible via:
<http://www.nrls.npsa.nhs.uk/resources/collections/root-cause-analysis/>

During the investigation the Complaints Manager will keep all those involved informed, including the complainant, as far as is reasonably practicable as to the progress of the investigation.

19. Response

As soon as reasonably practicable after completing the investigation, the organisation will send a formal response in writing to the complainant which will be signed by the Accountable Officer or his/her nominated responsible person. It is good practice for letters to be as conciliatory as possible and include apologies as

appropriate.

The response will also:

- offer an explanation of how the complaint has been investigated;
- address the concerns expressed by the complainant and show that each element has been fully and fairly investigated;
- report the conclusion reached including any matters where it is considered remedial action is needed;
- include an apology where things have gone wrong;
- report the action taken or proposed to prevent recurrence;
- indicate that a named member of staff is available to clarify any aspect of the letter;
- advise of the complainant's right to take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) if they remain dissatisfied with the outcome of the complaints procedure.

The response should be clear, accurate, balanced, simple and easy to understand. It should avoid technical terms, but where these must be used to describe a situation, events or condition, explanation of any such terms should be provided. Where possible the response should be issued within 25 working days. 25 working days is a guide and the timescale should be agreed with the complainant. Complex complaints can take 40 working days or more to resolve.

Where the response indicates that it is "private and confidential", this is intended to be true. However, an exception is where the response is sent to a member of parliament who has complained on behalf of a constituent. Assuming the patient's consent to investigate has been received, the response is allowed to be shared with the complainant.

All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the complaint file in chronological order for between eight to ten years, depending whether it is part of a litigation dossier or not. A complete complaint file is required should the complaint be referred to the Parliamentary and Health Service Ombudsman.

Where appropriate, alternative methods of responding to complaints must be considered; this may be through an immediate response from front-line staff, a meeting, or direct action by a senior person.

It may be appropriate to conduct a meeting in

- complex cases;
- in cases where there is serious harm/death of a patient;
- in cases involving those whose first language is not English;
- in cases where the complainant has a learning disability or mental health illness (and other capacity challenges).

20. Concluding Local Resolution and Learning Lessons

The CCG should offer every opportunity to exhaust local resolution. Once the final response has been signed and issued, the Complaints Manager, on behalf of the Accountable Officer, should liaise with relevant managers and staff to ensure that all necessary follow-up action has been taken. Arrangements should be made for any outcomes to be monitored to ensure that they are actioned. Where possible, the complainant and those named in the complaint, should be informed of any change in systems or practice that has resulted from their complaint.

All correspondence and evidence relating to the investigation should be retained. The Complaints Manager should ensure that a complete record is kept of the handling and consideration of each complaint. Complaints records should be kept separate from any health records, subject only to the need to record information which is strictly relevant to the complainants ongoing health needs.

21. If the Complainant Is Dissatisfied With the Final Response

The final response should invite the complainant to let the CCG know if they have any outstanding concerns. In such cases, consideration should be given to arranging further action which might resolve the complaint, including offering a meeting with the Complaints Manager. A response should be sent to the complainant confirming the outcome of any further action and advising them of the independent review process.

If the complainant subsequently remains dissatisfied, they may request the Parliamentary and Health Service Ombudsman to review their complaint.

22. Risk Management

In instances where the complaint or concern identifies that there may be a risk to the patient or other people's safety, then this will be considered in light of the arrangements the CCG has in place. This will include consideration of:

- Claims Management Procedures
- Safeguarding Adults and Children arrangements;
- Equality and Diversity Strategy;
- HR framework and policies.

23. Support for Staff

Members of staff named in the complaint, either personally or by role, should be informed of the complaint by their line manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair and timely, and should not apportion blame.

The management style and culture within the organisation will promote positive attitudes towards dealing with complaints. The decision on whether disciplinary action is called for is a decision for the line manager in consultation with Human Resources, in accordance with the normal disciplinary procedure. This must be kept separate from the complaints policy and procedure.

At any time during an investigation of a complaint or following its conclusion, staff can obtain help, advice and support for both clinical and personal issues through the following sources: line manager, union representative, staff-side representative, peer group or occupational health. Staff involved will be informed by the investigating officer of the outcome of the complaint.

24. Complainant Meetings

Should a complainant wish to meet with the Complaints Manager, and if required the Head of the Patient Advice and Complaints Team (PACT), to discuss the contents of their complaint, this will be arranged. The complainant may wish to meet with representatives of the CCG to discuss their concerns as part of the investigation process and, if so, this will be discussed when the complaint plan is drafted at the beginning of the process. All meetings will be recorded either by a recording device or by a written record. A copy of the written record will be sent to all those involved to confirm the accuracy before being documented in the complaints file.

25. Improving Services

Following the conclusion of a complaint, all actions will be clearly documented, acted upon and monitored. If an action has been identified during the complaints investigation, the Complaints Manager will log the details of the action to be taken on the complaints database and share these with the organisational lead involved. The organisation will demonstrate how feedback is used to learn and improve services and the CCG will communicate as appropriate any changes made as a result of complaint.

26. Reporting to enable learning from Experience

There is a series of reporting methods facilitated by the CCG to enable learning from experience, namely:

1. The commissioning support services provider Complaints Manager will report the number and nature of complaints received on a quarterly and annual basis to the CCG Governing Body via the Quality and Performance Committee. Service improvements informed by the complaints process will also be included;
2. The CCG will in turn monitor themes and trends from complaints about its commissioned services (including actions taken and improvements) through the provider clinical quality review meetings;
3. Department of Health monitoring of CCG performance via the annual Korner (KO41) returns signed off by the Quality and Performance Committee.

27. Support Empower Advocate Promote (SEAP)

The Support Empower Advocate Promote offer an independent service to advise complainants about making a complaint concerning NHS services. The Complaints Manager will provide information about the service that SEAP offers to service users.

28. Legal Advice and Procedures for Complaints Involving Litigation

Legal Advice on particular aspects of a complaint should be sought if there is the possibility of litigation ensuing. If, during an investigation, the complainant explicitly indicates in writing an intention to take legal action, the Complaints Manager will negotiate with the complainant how this can be taken forward. The Complaints Manager may then refer the matter to the NHS Litigation Authority and seek advice on whether it is possible for both investigations to proceed at the same time.

Previous guidance indicated that the investigation of a complaint through the complaints procedure could cease immediately if the complainant explicitly indicated an intention to take legal action in respect of the complaint. As of March 2014 NHS England guidance has stated that this is no longer acceptable. The CCG subsequently has the opportunity to address matters arising with a view that this could, in turn, influence whether or not the resulting legal action is carried through. Therefore it may be prudent for the Complainant to agree to a stay of any legal proceedings until the conclusion of the complaint investigation.

It should also not necessarily be assumed that a complaint made via a Solicitor means that the complainant has decided to take legal action. If consent has been received, a response should be made in the normal manner. An apology is not necessarily an admission of liability. If the subject of the complaint is a matter being referred to the police, the complaints procedure will be suspended pending

the outcome of that investigation and the complainant will be informed of the reasons for this delay. Once the outcome is known the complaint investigation may continue if appropriate.

Paperwork relating to the complaints investigation can be used in a court of law.

29. Financial Redress

There may be occasions when, having investigated the complaint, the Investigating Officer/Complaints Manager believes that there are grounds for making an ex-gratia payment (without accepting liability). An apology and gesture of goodwill may avoid subsequent litigation and the opportunity to deal with certain circumstances in a fair and responsible manner.

Financial compensation may be considered where there has been:

- Direct or indirect financial loss
- Loss of opportunity
- Inconvenience
- Distress
- Any combination of these

It is recommended that, before any compensation is offered in respect of a complaint involving a member of staff, that member of staff should be involved in the discussions when the subject of compensation is raised, to ensure that he/she does not feel compromised by the decision to award compensation.

Any ex-gratia payments should be made having regard to the CCG's Standing Orders and prime financial policies.

30. Habitual Complainants

The CCG is committed to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint. The CCG therefore endeavours to resolve each complaint to the complainant's satisfaction. However, on occasions, staff may consider that a complaint is habitual or persistent in nature, i.e. the complaint raises the same or similar issues repeatedly, despite the complainant having received full responses to all the issues they have raised. Habitual complainants are often symptomatic of an illness and the complaints procedure may not be the most appropriate means of dealing with the issues involved. CCG guidance on 'habitual /persistent complainants' should be referred to in such cases.

Additional guidance on managing Habitual Complainants is available through a separate policy; South, Central and West Commissioning Support Unit - Handling Habitual Persistent Complainants Policy

31. Second and Final Stage (Independent Review) Of NHS Complaints Procedure

Under the new legislation created by the NHS Complaints Regulations (England) 2009, if a complainant is dissatisfied with the outcome of their complaint at the conclusion of the local resolution stage they have the right to ask the Parliamentary and Health Service Ombudsman (PHSO) to independently review their complaint. Information is provided to complainants in the final response letter. Details are also available on the CCG web site and the Patient Experience Services leaflet. The CCG will co-operate with the PHSO in any relevant independent review.

Complainants should be advised that the Health Service Ombudsman will not normally review a case until Local Resolution has been completed and sets a time limit of 12 months from the date of the complaint; however, they may exercise discretion over this which can include:

- The patient was too ill to complain within a year
- The patient was bereaved
- If it took the organisation that caused the problem a long time to consider the complaint.

32. Monitoring and Governance

A computerised complaints database (Datix) is kept by the Patient Advice and Complaints Team at the commissioning support services provider on behalf of the CCG (and accessible to the CCG) and be available for inspection by NHS England and the Care Quality Commission. This will record the following information:

- summary of complaint;
- date complaint acknowledged;
- date response sent to complainant;
- outcome of investigations;
- lessons learned and action taken to prevent recurrence.

Quarterly reports of complaints will be submitted by the commissioning support services provider Complaints Manager to the Quality and Performance Committee and will include:-

- the number of complaints received;
- the subject matter of those complaints;
- how they were handled including the outcome of the investigations;
- any trends or themes identified;
- lessons learnt as a result of a complaint or concern;
- actions to be implemented;
- Any complaints where the recommendations of the PHSO were not acted upon, giving the reasons why if applicable.

The Quality and Performance Committee will monitor the complaints handling process and consider trends in both the number and type of complaints received. It will also scrutinise the follow up actions taken as the result of complaints and report its findings to the Governing Body.

33. Evaluation of Complaint Procedure

At contemporaneous intervals, once complaint responses are concluded, an evaluation will be carried out on the way that the complaint was handled. This will take the form of a questionnaire being sent which asks questions on:

- Access to the complaints procedure
- Experience of the complaints procedure
- Equality and Diversity – ethnic and disability monitoring
- Outcome

This will be compiled and reported to the CCG on a Quarterly basis. This will enable the CCG to monitor the effectiveness of the Complaints Policy and Procedures. The results of the evaluation will be published on the CCG website.

34. Training

All staff will be expected to have a working knowledge of the Complaints Procedure and familiarise themselves with this policy as part of their induction.

It should be made clear to staff that all materials relating to a complaint will be made available to all personnel involved in investigating the complaint. This may include external investigations e.g. Parliamentary and Health Service Ombudsman. Particular attention should be paid to the content and standard of electronic mail messages about complaints and hard copies should be retained within the relevant complaints file.

It is the responsibility of all line managers to ensure that the lessons learned from complaints are used as part of the continuing professional development for all staff. There should additionally be training available to staff to undertake Investigator's training so as to be able to provide the standard of investigation and investigation report required for complaint responses.

35. Review

This policy will be reviewed annually or sooner if the complaint guidance changes.

36. REFERENCES AND ASSOCIATED DOCUMENTS

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

<http://www.legislation.gov.uk/ukxi/2009/309/contents/made>

The Equality Act 2010 and The Data Protection Act 1998

Central Southern Commissioning Support Unit Equality and Diversity Policy (ConsultHR)

Equality Impact Assessment Guidance and Form (ConsultHR)

The Parliamentary and Health Service Ombudsman Policy (Principles of Good Complaints handling)

Central Southern Commissioning Support Unit - Handling Habitual Persistent Complainants Policy

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16, Receiving and acting on complaints

EU General Data Protection Regulation (GDPR)

Assurance of Good Complaints Handling for Primary Care – a toolkit for commissioners

Assurance of Good Complaints Handling for Acute and Community Care – a toolkit for commissioners

APPENDICES

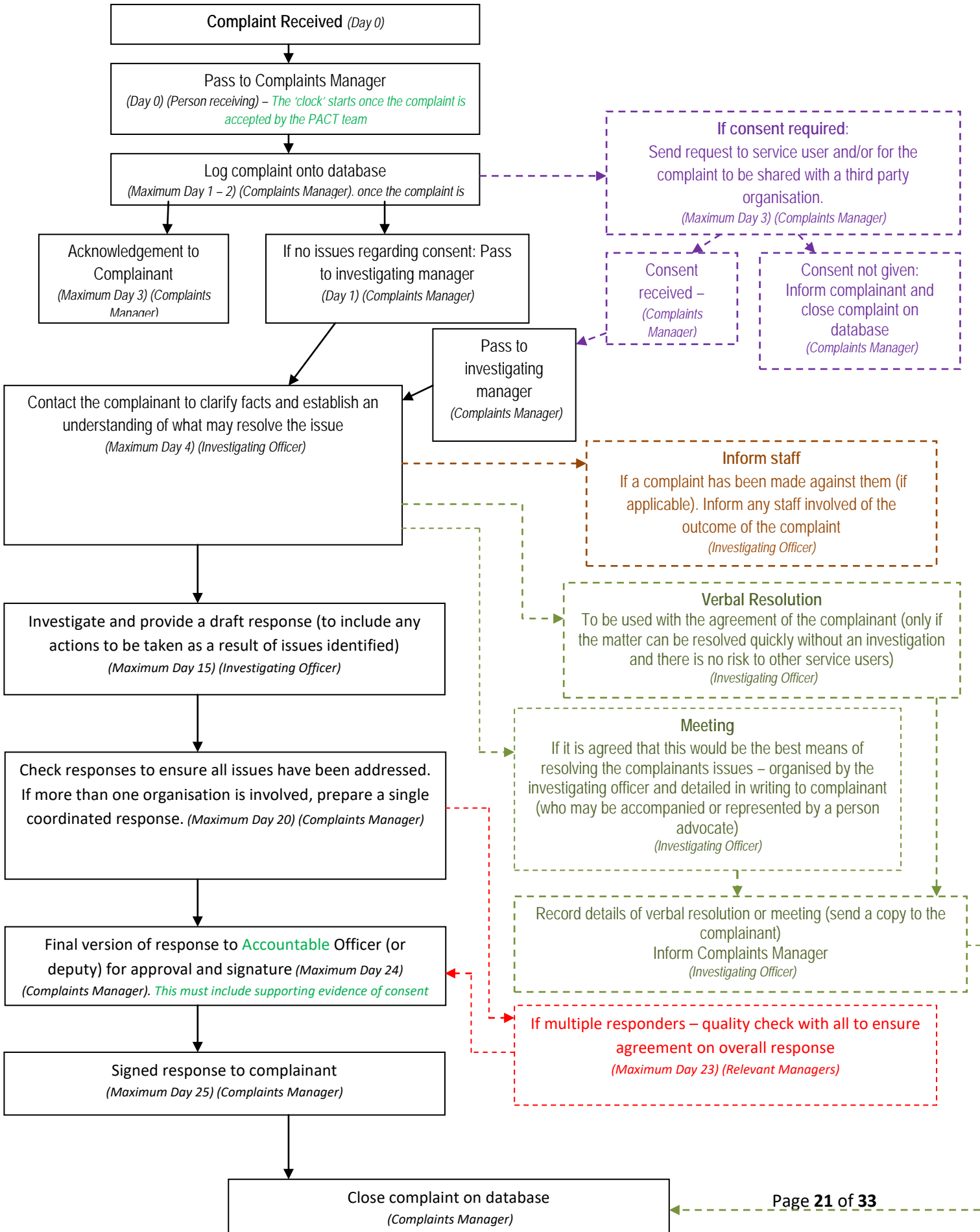
Appendix A: Complaints handling flowchart

Appendix B: Useful contacts information

Appendix C: Service Specification for CSS

Appendix D: Equality Impact Assessment

APPENDIX A – Complaint Handling Flowchart



APPENDIX B - Useful Names and Addresses

- **Buckinghamshire CCG Accountable Officer:**
Louise Patten
Accountable Officer
NHS Buckinghamshire CCG,
Study Centre,
New County Offices,
Walton Street,
Aylesbury,
Bucks HP20 1UX
Tel: 01296 585900

E-mail: bucksccg@nhs.net
- **South, Central and West CSU Complaints Manager:**
Patient Advice and Complaints Team
Albert House
Queen Victoria Road
High Wycombe
HP11 1AG

Tel: 0800 328 5640
E-mail: scwcsu.palscomplaints@nhs.net
- **Parliamentary and Health Service Ombudsman for England:**
Millbank Tower,
Millbank,
London,
SW1P 4QP
Tel: 0345 015 4033
Website: www.ombudsman.org.uk
- **SeAp Hastings**
PO Box 375
Hastings
East Sussex
TN34 9HU

Tel: 0330 440 9000
Email: info@seap.org.uk
Fax: 01424 204687
- **Community Impact Bucks**
6 Centre Parade, Place Farm Way, Monks Risborough, Buckinghamshire
HP27 9JS

Tel: 0300 111 1250
Email: info@communityimpactbucks.org.uk
Hours: 9am to 5pm Monday to Friday. Outside of these hours by appointment.
Web: <http://www.communityimpactbucks.org.uk/>

- **Citizen's Advice Bureau**
8 Easton Street, High Wycombe, Buckinghamshire, HP11 1NJ
Tel: 0344 2451289
Fax: 01494 536437
Web: <http://www.highwycombecab.org.uk>
- **Healthwatch Bucks**
6 Centre Parade Place Farm Way, Princes Risborough HP27 9JS
Tel: 0845 260 6216
Email: info@healthwatchbucks.co.uk
Web: www.healthwatchbucks.co.uk
- **Voices and Choices**
c/o Barbara Poole, 15 Parkfield Avenue, Amersham, Bucks HP6 6BE
Tel: 07872600565 (currently this phone is not monitored 24/7)
Email: Barbara@voicesandchoices.org.uk
Web: <http://voicesandchoices.org.uk/>.
- **NHS England**
Currently responsible for purchasing primary care services such as GPs, dentists, pharmacists, optical services and some specialised services, for patients in the Chiltern CCG area. Patients should contact them if they wish to complain about any of these services at: NHS England, P.O Box 16738, Redditch, B97 9PT. Email: england.contactus@nhs.net, Telephone: 0300 311 22 33.
- **CCGs Caldicott Guardian**
Dr. Karen West: karen.west3@nhs.net

Main providers:

Buckinghamshire Healthcare NHS Trust (hospitals Amersham, Stoke Mandeville, Wycombe and community services)
Patient Advice and Liaison Service (PALS)

For Stoke Mandeville hospital (Monday to Friday, 9am until 4.30pm)
Telephone: 01296 316042
Email: PALS@buckshealthcare.nhs.uk
Postal Address: Entrance 3, Stoke Mandeville Hospital, Mandeville Road, Aylesbury, Bucks, HP21 8AL

For Wycombe and Amersham hospitals (Monday - Friday 9am until 4.30pm)
Telephone: 01494 425882
Email: PALS@buckshealthcare.nhs.uk
Postal Address: PALS, Reception area, Wycombe Hospital, Queen
Alexandra Road, High Wycombe, Bucks, HP11 2TT

Website: <http://www.buckshealthcare.nhs.uk/feedback/share-your-experience/pals.htm>

Formal complaints can be made by writing to the
Chief Executive at the following address:

Executive Office,
Hartwell Wing,
Stoke Mandeville Hospital,
Mandeville Road,
Aylesbury,
Buckinghamshire, HP21 8AL
Email: pals@buckshealthcare.nhs.uk
Telephone: PALS on 01296 316042 or 01494 425882.
Website: <http://www.buckshealthcare.nhs.uk/feedback/share-your-experience/formal-complaint.htm>

**Frimley Health NHS Foundation Trust (Heatherwood and Wexham Park
Hospitals)**

Patient Advice and Liaison Service (PALS)

Wexham Park Hospital
Wexham Park Hospital, Blue Zone, opposite the chapel
Telephone: 01753 633365
Email: fhft.palswexhampark@nhs.net
Website: <https://www.fhft.nhs.uk/about-us/sharing-your-views/>

Making a Formal Complaint Chief Executive

Frimley Health NHS Foundation Trust

Frimley Park Hospital

Portsmouth Road

Frimley

Surrey GU16 7UJ Telephone: 01753 634081

Email: fhft.complaintswexhampark@nhs.net

**Oxford University Hospitals NHS Foundation Trust (John Radcliffe
Hospital)**

Patient Advice and Liaison Service (PALS) offices

Email: PALS@ouh.nhs.uk

- John Radcliffe Hospital, Level 2, main entrance, John Radcliffe Hospital, Headley Way, Headington, Oxford, OX3 9DU. Tel: 01865 221473
- Churchill Hospital, Old Road, Headington, Oxford, OX3 7LE. Tel: 01865 235855
- Nuffield Orthopaedic Centre, Windmill Road, Headington, Oxford, OX3 7HE. Tel: 01865 738126
- Horton General Hospital, Oxford Road, Banbury, OX16 9AL. Tel: 01295 229259

Complaints in writing to: Chief Executive, Oxford University Hospitals NHS Foundation Trust, Headley Way, Headington, Oxford, OX3 9DU

Email: complaints@ouh.nhs.uk

Website: <http://www.ouh.nhs.uk/patient-guide/feedback/pals.aspx>,
<http://www.ouh.nhs.uk/patient-guide/feedback/complaints.aspx>

Oxford Health (physical and mental health services)

Complaints and Patient Advice and Liaison Service (PALS)

Patients can complain in writing to the Chief Executive or the Complaints & PALS Manager at:

Chief Executive, Executive Offices, Trust Headquarters, Warneford Hospital, Warneford Lane, Oxford OX3 7JX

Complaints and PALS, The Whiteleaf Centre, Oxford Health NHS Foundation Trust, Bierton Road, Aylesbury, HP20 1EG

Telephone: freephone number: 0800 328 7971

Email: PALS@oxfordhealth.nhs.uk

Website: <http://www.oxfordhealth.nhs.uk/support-advice/pals>

South Central Ambulance Service (SCAS)

Patient Experience Team

Telephone 0300 123 9280

Email PatientExperience@scas.nhs.uk

Website: <http://www.scas.nhs.uk/contact-us/>

APPENDIX C – Service Specification for Commissioning Support Services Provider

1. Introduction

The aim of this document is to describe arrangements that will be in place to enable the CCG be assured that complaints against the group are handled in compliance with *The Local Authority Social Services*, the *National Health Service Complaints (England) Regulations 2009 (1 April 2009 amended September 2009)* and the *Parliamentary Health Service Ombudsman (PHSO) Principles of Good Complaints Handling* and the Department of Health, 2009 guidance '*Listening, Responding, Improving*'. Further, it is designed to provide the CCG with information and data to enable monitoring of complaints handling against national and local targets and to provide input into early warning systems regarding concerns about provider organisations and to organisational and reputational risks to the CCG.

2. Aim

The aim is to ensure that the CCG can provide accessible, responsive and open means for service users and other members of the public, either directly or via their chosen advocates, to raise complaints about the decisions of the CCG and the effects of these.

The CCG will ensure that the service offered is respectful and does not discriminate on grounds of age, gender, sexuality, ethnicity or religion. The service will take into account the needs of clients whose first language is not English, and those with hearing, visual or other disability.

3. Description of service to be provided

Complaints may be made to the CCG by service users and members of public (or those acting on their behalf) about commissioning decisions, the effects of these and the commissioned services. Concerns and specific complaints may be received via MPs and advocacy organisations. *Complaints made directly to the CCG will be forwarded immediately and accepted by the commissioning support services provider and managed seamlessly thereafter on the groups behalf. The commissioning support services provider will also accept the CCGs complaints directly.*

a) Policy

The CCG will have a complaints policy ratified by the Governing Body, compliant with current regulations and guidelines. This will be reviewed **annually** by the Executive Team and updated if required; more often if regulations or guidelines change.

b) Access to the Service

The service will be provided Monday to Friday from 9.00am to 4.00pm, except Bank and Public Holidays; an answer phone will be available outside of these hours for messages to be left. In addition, a complaints e-mail address will be available for people to contact the service.

The service will be available to any person(s) who wish to make a legitimate complaint about the work and decisions of the CCG and the effects of these. Complaints may be made to the CCG by service users and their advocates, as well as members of public or officials such as Members of Parliament on behalf of their constituents.

Every effort will be made to ensure that all persons are able to access the service; this will include:

- Providing contact details of the Independent Complaints Advisory Service SeAp or similar bodies
- Provision of information in large print format and in a format suitable for persons with learning disabilities
- Access to the use of translation services (e.g. Language Line)
- Access to text to voice service for deaf and hard of hearing.

c) Complaints Handling by commissioning support services provider

All complaints will be subject to the following processes:

- Logged into the (complaints database/risk management system), including scanning all letters and documents onto the system and saving e-mails.
- If the complainant is not the service user, request relevant consent to obtain and disclose confidential information and respond to the complainant.
- Formal written acknowledgement sent to the complainant
- Risk assess the complaint and escalate if required according to agreed policy.
- Investigator assigned according to risk assessment and/or specialist area covered (this may be a commissioning support services provider or CCG employee, depending on the nature of the complaint with the default being the commissioning support services provider)
- Provide Investigator with copy of the complaint and any other relevant information, along with deadlines for completion.
- Complaints about commissioned services sent to those services for response (on receipt of appropriate consents for information to be passed on) with a request for the CCG to be copied into the final response to the complainant)
- Produce a final response letter for signature by the designated CCG lead (according to the agreed policy)

- If more than one route of investigation is required, collate responses into a draft final response letter and obtain agreement on the collated response from the leads involved
- Send the final response to the complainant and close the complaint on the database.
- Organise and facilitate meetings between the complainant and CCG staff/managers if required as part of a complaint resolution.
- Liaise with the Parliamentary and Health Service Ombudsman's office regarding any complaints escalated to them, including providing any documentation that they require as part of their review of a complaint.

d) Training provision

Complaints staff will provide training and advice to CCG staff and managers on complaints regulations, guidelines and the management of complaints.

4. Monitoring Quality Performance Indicators

An aggregated complaints report will be produced on a Quarterly basis to show number and nature of complaints, themes for learning and improvement and highlighting trends to assist with the monitoring of services.

Further quality performance indicators will be monitored as follows:

Quality Performance Indicator	Threshold	Method of measurement
Formal written acknowledgement of a complaint 3 working days from receipt of complaint	95%	Monthly report from showing response times
Final response to complainant 25 working days from receipt of complaint (or as agreed with CCG Lead if there is a delay due to obtaining consent or in investigation by CCG Manager) except where longer has been agreed with the complainant or where the complaint has been deemed 'complex'.	95%	Monthly report from showing response times
Number of cases taken to the Ombudsman	To be agreed	Number compared with total number of closed complaints to be included in each quarterly report
Number/percentage of re-opened cases (i.e. complainant not satisfied with the response requesting the CCG to respond further)	To be agreed	Number compared with total number of closed complaints to be included in each quarterly report
Number of cases referred to the Ombudsman that are upheld.	N/A	Each case to be reviewed and discussed for learning

		points.
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This will be overseen by the CCG Associate Director of Quality and Safeguarding (who will receive monthly reports and get involved with Serious Incidents (SIs) and complex cases). This post reports to the Senior Management Team of the CCG.

Monitoring will be at the Quality and Performance Committee.

5. Records Management

All records will be maintained using the Complaints Handling module of the risk management system, where all documents (scanned if necessary) and e-mails will also be saved.

The CCG will own the records and will be responsible for storage and destruction required by the Department of Health *Records Management: NHS Code of Practice, Part 1, March 2006* and *Part 2, second edition, January 2009*.

Complaint files will be retained securely for a minimum of 10 years.

All enquiries from the media must be immediately referred to the communications team ensuring that confidentiality is maintained at all times.

6. Resources Required

- Staff
- Complaints handling database/risk management system, e.g. Datix
- Licence, upgrades and ongoing support costs for risk management system
- Stationery and post
- Production of leaflets and other informational/publicity material
- Telephone and e-mail costs
- On a case by case basis the CCG is able to access other services to support access

APPENDIX D – Equality Impact Assessment

Step 1 – Scoping

Question	Answer
1. What are the main aims and objectives?	To provide an effective mechanism for resolving complaints and enable lessons learned to be used to improve services.
2. Who will be affected by it?	Staff, users of services, general public
3. What are the existing performance indicators/measures for this? Expected outcomes?	As per service specification in Appendix C
4. What information do you already have on the equality impact of this policy, strategy, proposal, function or service?	None
5. Are there demographic changes or trends locally to be considered?	Older people and multi-national communities
6. What other information do you need?	n/a

Step 2 – Assessing the impact

Question	Yes	No	Answer
1. Could the policy, strategy, proposal, function, or service discriminate unlawfully against any group?		No	There is a clear pathway and protocol which is accessible to all communities, staff and groups
2. Can any group benefit or be excluded from the service?		No	The Complaints Leaflet is available in a variety of modes and languages and access to the service support various disabilities
3. Can any group be denied fair & equal access to or treatment as a result of this?		No	This policy demonstrates protocols for equality of access
4. Can this actively promote good relations with and between different groups?	Yes		
5. Have you carried out any consultation internally/externally with relevant individual groups?	Yes		Executive Team Commissioning for Quality Committee
6. Have you used a variety of different methods of consultation/involvement?		No	As a start up organisation the CCG has not yet had the time to do this, but fully intends doing so
<i>If there is no negative impact end the cycle.</i> No negative impact seen.			<i>Sign Off:</i> Governing Body, 20 th September 2012